

## PREGNANCY SCREENING FORM

Age: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ SAB: \_\_\_\_\_ TAB: \_\_\_\_\_ Living children: \_\_\_\_\_  
 LMP: \_\_\_\_\_ LNMP: \_\_\_\_\_ Date last pregnancy ended: \_\_\_\_\_ Last Pap: \_\_\_\_\_  
 Last BCM used : \_\_\_\_\_ Last UPIC: \_\_\_\_\_ Breastfeeding: ☐ Yes ☐ No  
 Complications with previous pregnancies: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Daily medications taken: \_\_\_\_\_  
 Serious medical problems: \_\_\_\_\_  
 Pregnancy Sx present? \_\_\_\_\_ Genital infection Sx present? \_\_\_\_\_  
 Ectopic risk factors? \_\_\_\_\_ STD risk factors? \_\_\_\_\_  
 UCG: ☐ positive ☐ negative Planned Pregnancy ☐ YES ☐ NO Pregnancy Options Discussed ☐ YES ☐ NO  
 Discussed decision/plans: \_\_\_\_\_

Referrals: ☐ Abortion Facility ☐ DSHS/Application Worker ☐ EC Rx  
☐ Family Planning ☐ Hospital/ER ☐ Maternity Screening/Support Services  
☐ PHN ☐ PMD ☐ Provider Visit in Clinic Today  
☐ Social Worker ☐ WIC ☐ Other \_\_\_\_\_

*Assess as appropriate:* Provide Counseling/Education, depending on decision **(check box if done)**  
☐ Obstetric care services ☐ Hot tubs, saunas ☐ Smoking  
☐ Abortion services ☐ Rubella, Hep B, other ☐ X-rays  
☐ Adoption services ☐ Alcohol ☐ Domestic violence  
☐ Substance use/medications ☐ Animals in household

Vitamins with folate ☐ discussed ☐ given ☐ prescription \_\_\_\_\_  
 Handouts ☐ NO ☐ YES \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Exam:	Uterus size: _____	BP: _____	Weight: _____
Tests:	<input type="checkbox"/> CT <input type="checkbox"/> GC <input type="checkbox"/> Pap <input type="checkbox"/> Wet mount: BV _____ trich _____ yeast _____		
Notes:	_____ _____ _____		
Signature:	_____		Date: _____

### PUBLIC HEALTH - SEATTLE & KING COUNTY VERIFICATION OF PREGNANCY

\_\_\_\_\_ was seen on \_\_\_\_\_  
 (Name) (Date)  
 The presence of a pregnancy of \_\_\_\_\_ menstrual weeks gestation is presumed on the basis of the following:  
 Last Menses (LMP): \_\_\_\_\_ Pregnancy test (UCG) ☐ positive EDD: \_\_\_\_\_  
 Please start Medicaid coverage as of \_\_\_\_\_ First Steps referral on \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(see back for address & phone number)*



1) Chart Copy (white)  
 2) Provider Copy (yellow)  
 3) CSO/Client Copy (white)  
 CS 13.22.15  
 FPPGSCREEN.P65  
 11/00

Name _____			
Last,	First,	Middle,	Maiden
DOB _____		Patient I.D. _____	
Address _____		Phone # _____	

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Tests:	<input type="checkbox"/> CT <input type="checkbox"/> GC <input type="checkbox"/> Pap <input type="checkbox"/> Wet mount: BV _____	trich _____	yeast _____
Notes:	_____ _____ _____		
Signature:	_____		Date: _____

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(see back for address & phone number)



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FPPGSCREEN.P65  
11/00

Name	_____
Last,	First, Middle, Maiden
DOB	Patient I.D. _____
Address	Phone # _____

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CS 13.22.15 11/00  
FPPGSCREEN.P65

Name	_____			
	Last,	First,	Middle,	Maiden
DOB	_____	Patient I.D.	_____	

## Health Department Site Exam Done at: (check below)

- |                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | <b>Auburn Public Health Center</b><br>20 Auburn Ave., Auburn, WA 98002               | (206) 296-8400 |
| <input type="checkbox"/> | <b>Columbia Public Health Center</b><br>4400-37th Ave. So., Seattle, WA 98118        | (206) 296-4650 |
| <input type="checkbox"/> | <b>Downtown Public Health Center</b><br>2124-4th Ave., Seattle, WA 98121             | (206) 296-4755 |
| <input type="checkbox"/> | <b>Eastgate Public Health Center</b><br>14350 S.E. Eastgate Way, Bellevue, WA 98007  | (206) 296-4920 |
| <input type="checkbox"/> | <b>Federal Way Public Health Center</b><br>33431 13th Place So., Federal, WA 98003   | (206) 296-8410 |
| <input type="checkbox"/> | <b>Kent Public Health Center</b><br>1404 S. Central Ave. Suite #112, Kent, WA 98032  | (206) 296-4500 |
| <input type="checkbox"/> | <b>Kent Teen Clinic</b><br>613 W. Gowe, Kent, WA 98032                               | (206) 296-7450 |
| <input type="checkbox"/> | <b>North Public Health Center</b><br>10501 Meridian Ave. North, Seattle, WA 98133    | (206) 296-4765 |
| <input type="checkbox"/> | <b>Northshore Public Health Center</b><br>10808 N.E. 145th Street, Bothell, WA 98011 | (206) 296-9787 |
| <input type="checkbox"/> | <b>Renton Public Health Center</b><br>3001 N.E. 4th, Renton, WA 98056                | (206) 296-4700 |
| <input type="checkbox"/> | <b>White Center Public Health Center</b><br>10821-8th Ave. S.W., Seattle, WA 98146   | (206) 296-4620 |

## CSO/DSHS Offices

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Belltown</b><br>2106 2nd Ave.<br>Seattle, WA 98101<br><b>206/956-3353</b> (Main)<br><b>206/956-3327</b> (Nurse)            | <input type="checkbox"/> <b>King Eastside</b><br>14360 S.E. Eastgate Way<br>Bellevue, WA 98007<br><b>425/649-4000</b> (Main)<br><b>425/649-4373</b> (Nurse) | <input type="checkbox"/> <b>Rainier</b><br>3600 So. Graham St.<br>Seattle, WA 98118<br><b>206/760-2000</b> (Main)<br><b>206/760-2314</b> (Nurse)              |
| <input type="checkbox"/> <b>Burien</b><br>15811 Ambaum Blvd. S.W.<br>Burien, WA 98168<br><b>206/439-5300</b> (Main)<br><b>206/439-6526</b> (Nurse)     | <input type="checkbox"/> <b>King North</b><br>907 N.W. Ballard<br>Seattle, WA 98107<br><b>206/789-5200</b> (Main)<br><b>206/545-7782</b> (Nurse)            | <input type="checkbox"/> <b>Renton</b><br>500 S.W. 7th St., #B<br>Renton, WA 98055<br><b>425/793-5700</b> (Main)<br><b>425/793-5777</b> (Nurse)               |
| <input type="checkbox"/> <b>Capitol Hill</b><br>1700 East Cherry<br>Seattle, WA 98122<br><b>206/568-5500</b> (Main)<br><b>206/568-5531</b> (Nurse)     | <input type="checkbox"/> <b>King South</b><br>25316 74th Ave. So.<br>Kent, WA 98035<br><b>253/872-2145</b> (Main)<br><b>253/872-6097</b> (Nurse)            | <input type="checkbox"/> <b>West Seattle</b><br>4045 Delridge Way S.W. #300<br>Seattle, WA 98106<br><b>206/933-3300</b> (Main)<br><b>206/923-4940</b> (Nurse) |
| <input type="checkbox"/> <b>Federal Way</b><br>616 So. 348th St.<br>Federal Way, WA 98063<br><b>253/835-2800</b> (Main)<br><b>253/835-2829</b> (Nurse) | <input type="checkbox"/> <b>Lake City</b><br>11536 Lake City Way N.E.<br>Seattle, WA 98125<br><b>206/368-7200</b> (Main)<br><b>206/368-7176</b> (Nurse)     |   |